A1500000153

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
	•
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
	<u> </u>
Special Instructions to Filing Officer:	
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Office Use Only



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03/25/15--01013--013 **52.50

APR 15 2015 N. CAUSSEAUX



March 24, 2015

Via UPS (next day delivery)

Department of State **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

RE:

APV Apartments, LP (M15000001661)

Certificate of Amendment to Certificate of Limited Partnership

To Whom It May Concern:

Please file the attached Certificate of Amendment to Certificate of Limited Partnership of APV Apartments, LP (M15000001661). Attached is our check no. 287059 in the amount of \$52.50 to cover the filing fee.

Please return a file stamped copy me in the enclosed UPS return envelope (charged to my UPS Account):

> Donna Sivley Pillar Income Asset Management, Inc. 1603 LBJ Freeway, Suite 800 Dallas, Texas 75234

If you have any questions or require additional information, please contact me at 469.522.4437 or donna.sivley@pillarincome.com. Thank you.

encl: Original Certificate of Amendment to Certificate of Limited Partnership of APV Apartments, LP (M15000001661) Check no. 287059 in the amount of \$52.50

Return UPS envelope & airbill

Browning Place 1603 LBJ Frwy

Suite 800

Dallas, Texas 75234

H:\ENTITY WORK\ENTITY WORK\FLORIDA\FL - SofS Letter Format (w cc) re certificate of amendment.docx

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AP\	/ Apartments, LP
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Donna Sivley	
Contact Person	
Pillar Income Asset Manageme	ent, Inc.
Firm/Company	
1603 LBJ Freeway, Suite	800
Address	
Dallas, Texas 75234	
City, State and Zip Code	- :- :-
legal.department@pillarincom	ne.com
E-mail address: (to be used for future annual r	report notification)
For further information concerning this ma	tter, please call:
Donna Sivley	at (469) 522.4437
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	ant:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	OF	3 T				
APV A	part <u>ments, L</u> P	Sylven				
	file with Florida Department	of State ??				
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi 03/05/2015, assigned F	ficate was filed with the	Florida Department of State on				
adopts the following certificate of amendment t	o its certificate of limited	d partnership.				
This amendment is submitted to amend the following	g;					
A. If amending name, enter the new name of the here:	e limited partnership or li	mited liability limited partnership				
New name must be distingu	ishable and contain an accepta	able suffix.				
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP, or Lt s: Limited Liability Limited Po	d. artnership, L.L.L.P. or LLLP.				
B. If amending mailing address and/or principal office address here:	cipal office address, <u>ent</u>	ter new mailing address and/or				
New Principal Office Address:	1605 LBJ Freeway					
(Must be STREET address)	Suite 710					
	Dallas, Texas 752	34				
New Mailing Address:	1605 LBJ Freeway					
(May be post office box)	Suite 710					
	Dallas, Texas 752	34				
C. If amending the registered agent and/or registered agent and/or the new registered of		our records, <u>enter the name of the</u>				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida s	etroot address				
	Liner Frontau's					
	City	_, Florida Zip Code				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent.	

D.	If amending the	general	partner(s),	enter th	e name	and	business	address	of ea	ch general	partner	being
<u>adc</u>	led or removed fro	om our i	records:									

Title	<u>Name</u>	Address	Type of Action
			Add Remove
<u> </u>			Add Remove
			Add Remove
	partnership or limited liability ip" status, enter change here:		nding its "limited liabi
This Limite	d Partnership hereby elects to be	a "Limited Liability Limited F	Partnership."
	d Partnershin hereby removes its		

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other inform	ation, enter ch	ange(s) here:	(Attach additional	sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·		
ffective date, if other than the date of fective date cannot be prior to nor more tate.)	of filing: han 90 days afte	r the date this a	locument is filed by t	the Florida Department of
ignature(s) of a general partner o	r all general	partners*:		
NOTE: Only one current general partner moving a "limited liability limited partner hen adding or removing a "limited liability".	ship" election sta y limited partners	itement Chapt	er 620, F.S., requires	partnership is adding or s all general partners to sign
ignature(s) of all new or dissocia	ting general p	artner(s), if	any:	
				75 5
				高 7
				55
				EFFLO
•	\$52.50			ORDE :
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			→